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| • •  | plication or Docket Number |
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| DANIEL AND LANGUE DES DESERVINISTICAL DECORD |                            |
| PATENT APPLICATION FEE DETERMINATION RECORD  | <b>.</b>                   |

Effective October 1, 2000

pplication or Docket Number

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| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                               | _                            | SMALL ENTITY TYPE |       |                     | OTHER THAN<br>OR SMALL ENTITY |       |                     |                        |
|---|--|---|-----------------|-------------------------------|------------------------------|-------------------|-------|---------------------|-------------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS  |  | 42  |                 |                               |                              | ſ                 | RATE  | FEE                 |                               | RATE  | FEE                 |                        |
| FOR   |  |   | NUMBER FILED    |                               | NUMB                         | ER EXTRA          |       | BASIC FEE           | 355.00                        | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 42 minus 20=    |                               | . 22                         |                   |       | X\$ 9=              |                               | OR    | X\$18=              | 396                    |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =     |                               | . D                          |                   |       | X40=                |                               | OR    | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                 |                               |                              |                   |       | +135=               |                               | OR    | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                 |                               |                              |                   |       | TOTAL               |                               | OR    | TOTAL               | 1106                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                 |                               |                              |                   | Σ_    | SMALL               | NTITY                         | OR    | OTHER<br>SMALL      |                        |
| AMENDMENT A   | 1.   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE        | ·     | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N  | Total  | . 42                                      | Minus           | . 4                           | 2                            | = '/              | l l   | X\$ 9=              |                               | OR    | <b>X\$18</b> =      |                        |
| AME   | Independent                                    | • J                                       | Minus           | CAIDEAD                       | 2                            | 7                 | 11    | X40=                |                               | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                 |                               |                              |                   | J     | +135=               |                               | OR    | +270=               |                        |
|   |  |   |                 |                               |                              |                   |       | TOTAL<br>ADDIT, FEE |                               | OR    | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                 | (Colu                         |                              | (Column 3         |       |                     |                               |       |                     |                        |
| AMENDMENT B   | ::   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | · · · · · · · · | HIGH<br>NUM<br>PREVI<br>PAID  | BEA                          | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total .  | *   | Minus           | ••                            |                              | =                 | _     | X\$ 9=              |                               | OR    | X\$18=              |                        |
| AME   | Independent                                    | •   | Minus           | ***                           |                              | =                 | 41    | X40=                |                               | OR    | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                              | 4                 | +135= |                     | OR                            | +270= |                     |                        |
|   |  |   |                 |                               |                              |                   |       | TOTAL<br>ADDIT. FEE |                               | OR    | TOTAL<br>ADDIT, FEE |                        |
|   |  | (Column 1)                                |                 |                               | mn 2)                        | (Column 3         |       |                     | _                             | -     |                     |                        |
| AMENDMENT C   |  | REMAINING AFTER AMENDMENT                 |                 | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| PA  | Total  | •   | Minus           | **                            |                              | =                 |       | X\$ 9=              |                               | OR    | X\$18=              |                        |
| ME  | Independent                                    | •   | Minus           | •••                           |                              | =                 | ] [   | X40=                |                               | OR    | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                              |                   | L     | +135=               |                               |       | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                 |                               |                              |                   | OR    | TOTAL               |                               |       |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                 |                               |                              |                   |       |                     |                               |       |                     |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |                 |                               |                              |                   |       |                     |                               |       |                     |                        |